

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN105AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2010
NAME OF PROVIDER OR SUPPLIER CARSON VALLEY RESIDENTIAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1189 KIMMERLING RD GARDNERVILLE, NV 89410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/31/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 84 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 71. Fifteen resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This STANDARD is not met as evidenced by: Based on record review on 3/31/10, the facility failed to ensure that 4 of 15 caregivers received	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 eight hours of annual training (Employee #2, #4, #13 and #14). Severity: 2 Scope: 3	Y 070			
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 3/31/10, the facility failed to ensure 1 of 15 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #8- missing second TB step). Severity: 2 Scope: 1	Y 103			
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.	Y 105			

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Y 105	Continued From page 2 This Regulation is not met as evidenced by: Based on record review on 3/31/10, the facility failed to ensure 1 of 15 caregivers met background check requirements (Employee #14-missing FBI background report). Severity: 2 Scope: 1	Y 105		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Surveyor: Vincent Valiente Based on observation, interview and record review on 3/31/10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations:	Y 255		

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Y 255	<p>Continued From page 3</p> <p>a. Person in charge was not food safety certified at the time of inspection.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. In use food dispensing scoops were improperly stored in the salt storage container and corn starch container near the cook's line.</p> <p>b. The sanitizer solution for the wiping cloth was over concentrated >500ppm.</p> <p>c. The can opener was found soiled with food debris and metal shavings.</p> <p>d. The inside of the ice machine was soiled with calcium build-up.</p> <p>e. The re-use of single service containers was observed throughout the kitchen, multiple whipped margarine containers were used to store sugar and corn starch.</p> <p>f. The dishroom floors were heavily soiled with food debris especially under the service window table.</p> <p>g. The kitchen floors were soiled with food debris under mounted equipment.</p> <p>3. Equipment and Maintenance Issues:</p> <p>a. The walk-in refrigerator had an exposed copperline attached to the condenser.</p> <p>b. The wall juncture to the dishroom table, located to the right of the dishwashing, was in dis-repair.</p>	Y 255			

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Y 255	Continued From page 4 c. The cook's line ventilation hood wall juncture sealant was in disrepair. This is a repeat deficiency from the annual State Licensure survey 4/07/09. Severity 2: Scope: 3	Y 255			
Y 698 SS=D	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Based on observation on 3/31/10, the facility did not ensure oxygen tanks were secured in a metal rack in 2 of 23 resident rooms in which oxygen was being used (bedroom # A-9 and #C-11). Severity: 2 Scope: 1	Y 698			
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to	Y 936			

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Y 936	<p>Continued From page 5</p> <p>the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 3/31/10, the facility failed to ensure 2 of 15 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2, and #11) which affected all residents.</p> <p>Severity: 2 Scope: 1</p>	Y 936			

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